

Crosswalk Management System

Report REPORT CROSSWALK TO STATE

Filename

Run by CWMS_PROXY

Report Date 23-DEC-16 01:36

Crosswalk Report

Status : FN

Media ID : CIR - CT

Start Date : 01-JAN-93

End Date :

Follow-up :

Substance Abuse and Mental Health Services Administration

Center for Behavioral Health Statistics and Quality

Delaware's Treatment Episode Data Set

Version : 1

K = Key Field

System

Delaware

Item NoTreatment Episode Data Set		Item	Value	State System Data
1	System Transaction Type	-	Transaction Type Added to Each Record	
	A Add	A	Add - at this point Delaware only submits A (Add) records	
K 2	State Code	-	FIPS Code for DE added to Each Record	
3	Reporting Date	-	Month & Year of Submission Added to Each Record	
	m/y mmyyyy	-	MMYYYY	

Crosswalk Report

Delaware's Treatment Episode Data Set
Version : 1

K = Key Field Minimum Delaware

Item No	Treatment Episode Data Set	Item	Value	State System Data
K 1	State Provider Identifier	--		Provider ID #
	test			
K 2	Client Identifier (Admission)	--		Client Identifier (admission)
K 3	Co-Dependent/Collateral	--		Co-Dependent/Collateral
	2 No	2		No - DE plugs field with "2", all clients are primary not collaterals
K 4	Client Transaction Type	--		Source/Agency) Admission Referral Type
	A Admission (SA)	R		Referred
	A Admission (SA)	S		Self-referred
	T Transfer/Change in Service (SA)	T		Transferred (within system)
	A Admission (SA)	U		Unknown (will remain for historical data)
K 5	Date of Admission	--		Admission Date
6	Prior Treatment Episodes	--		Number of prior treatment episodes

Crosswalk Report

Delaware's Treatment Episode Data Set
Version : 1

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Minimum

Delaware

Item No	Treatment Episode Data Set	Item	Value	State System Data
7	Principal Source of Referral	--		Principal source of Referral
01	Individual (includes self-referral))	AA000		Individual, Employer, Church, or School
01	Individual (includes self-referral))	AA001		Self
01	Individual (includes self-referral))	AA002		Family
01	Individual (includes self-referral))	AA003		Friend/Significant Other
05	Employer/Employer Assistance ProgramEAP	AA004		Employer/EAP/Union based program
06	Other Community Referral	AA005		Clergy/Minister/Pastor
04	School (Educational)	AA006		School System/Education Agency
06	Other Community Referral	AB000		Self-Help Groups
07	Court/Criminal Justice/DUI/DWI	BA000		Court-Legal
06	Other Community Referral	BB000		Advocacy Groups
07	Court/Criminal Justice/DUI/DWI	CA000		Police Department
03	Other Health Care Provider	DA000		Hospitals, ER, and Other Medical Facilities
03	Other Health Care Provider	EA000		Mental Health Hospital/Psych. Unit
03	Other Health Care Provider	FA000		Community Mental Health Center
03	Other Health Care Provider	GA000		Community Support Program
03	Other Health Care Provider	HA000		Crisis Management
03	Other Health Care Provider	JA000		MH/MR Residential
06	Other Community Referral	KA000		Shelters, Transitional Housing

Crosswalk Report

Delaware's Treatment Episode Data Set
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Delaware

Item No	Treatment Episode Data Set	Item	Value	State System Data
7	Principal Source of Referral	--		Principal source of Referral
03	Other Health Care Provider	LA000		Nursing Homes, Long Term Care Facilities
02	Alcohol/Drug Abuse Provider	MA000		A&D Residential
02	Alcohol/Drug Abuse Provider	NA000		A&D Outpatient Counseling
02	Alcohol/Drug Abuse Provider	OA000		A&D Detoxification & Stabilization
02	Alcohol/Drug Abuse Provider	PA000		A&D Continuous Treatment Teams
02	Alcohol/Drug Abuse Provider	QA000		A&D Intensive Outpatient
02	Alcohol/Drug Abuse Provider	RA000		A&D Outpatient Case Management
02	Alcohol/Drug Abuse Provider	SA000		Outpatient Methadone
06	Other Community Referral	TA000		AIDS Outreach/Coordination
97	Unknown	U		Unknown
06	Other Community Referral	UA000		Prevention And Early Intervention
02	Alcohol/Drug Abuse Provider	VA000		DADAMH Screening and Evaluation Team (SET)
06	Other Community Referral	WA000		Services for Children and Youth
06	Other Community Referral	XA000		Other Public Agencies
06	Other Community Referral	YA000		Other Social Services
97	Unknown	ZZ000		Other
No longer effective as of: 06-30-2001				

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Item No	Treatment Episode Data Set	Item	Value	State System Data
7	Principal Source of Referral	--		Principal source of Referral
97	Unknown	AA000		Individual, Employer, Church, or School
01	Individual (includes self-referral))	AA001		Self
01	Individual (includes self-referral))	AA002		Family
01	Individual (includes self-referral))	AA003		Friend/Significant Other
05	Employer/Employer Assistance ProgramEAP	AA004		Employer/EAP/Union based program
06	Other Community Referral	AA005		Clergy/Minister/Pastor
04	School (Educational)	AA006		School System/Education Agency
06	Other Community Referral	AB000		Self-Help Groups
07	Court/Criminal Justice/DUI/DWI	BA000		Court-Legal
06	Other Community Referral	BB000		Advocacy Groups
07	Court/Criminal Justice/DUI/DWI	CA000		Police Department
03	Other Health Care Provider	DA000		Hospitals, ER, and Other Medical Facilities
03	Other Health Care Provider	EA000		Mental Health Hospital/Psych. Unit
03	Other Health Care Provider	FA000		Community Mental Health Center
03	Other Health Care Provider	GA000		Community Support Program
03	Other Health Care Provider	HA000		Crisis Management
03	Other Health Care Provider	IA000		Private Health Services
03	Other Health Care Provider	JA000		MH/MR Residential

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Item No	Treatment Episode Data Set	Item	Value	State System Data
7	Principal Source of Referral	--		Principal source of Referral
06	Other Community Referral	KA000		Shelters, Transitional Housing
03	Other Health Care Provider	LA000		Nursing Homes, Long Term Care Facilities
02	Alcohol/Drug Abuse Provider	MA000		A&D Residential
02	Alcohol/Drug Abuse Provider	NA000		A&D Outpatient Counseling
02	Alcohol/Drug Abuse Provider	OA000		A&D Detoxification & Stabilization
02	Alcohol/Drug Abuse Provider	PA000		A&D Continuous Treatment Teams
02	Alcohol/Drug Abuse Provider	QA000		A&D Intensive Outpatient
02	Alcohol/Drug Abuse Provider	RA000		A&D Outpatient Case Management
02	Alcohol/Drug Abuse Provider	SA000		Outpatient Methadone
06	Other Community Referral	TA000		AIDS Outreach/Coordination
97	Unknown	U		Unknown
06	Other Community Referral	UA000		Prevention And Early Intervention
02	Alcohol/Drug Abuse Provider	VA000		DADAMH Screening and Evaluation Team (SET)
06	Other Community Referral	WA000		Services for Children and Youth
06	Other Community Referral	XA000		Other Public Agencies
06	Other Community Referral	YA000		Other Social Services
97	Unknown	ZZ000		Other

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Item NoTreatment Episode Data Set		Item	Value	State System Data
8	Date of Birth	--	Birth Date	
01010007	Unknown	07/07/2777	Unknown	
01010008	Not Collected	08/08/2888	Not collected	
MMDDY YYY	Date of birth	mmddyyyy	Date of birth	
9	Gender	--	Gender	
2	Female	F	Female	
1	Male	M	Male	
7	Unknown	U	Unknown	

Delaware's Treatment Episode Data Set
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Delaware

Item No	Treatment Episode Data Set	Item	Value	State System Data
10	Race (Hispanic collected as race to be reported as 97 in Race and 06 in Ethnicit	--	Race	
02	American Indian/Alaskan Native (States using Alaskan Native in 01 use for other	AA	American Indian	
04	Black or African American	BL	Black/Africian American	
05	White	CA	White/Caucasian	
20	Other Single Race	O	Other	
03	Asian or Pacific Islander use only if not collecting codes separately	PA	Asian or Pacific Islander	
97	Unknown	U	Unknown	
13	Asian			
23	Native Hawaiians or Other Pacific Islanders			
No longer effective as of: 06-30-2001				

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Item No	Treatment Episode Data Set	Item	Value	State System Data
10	Race (Hispanic collected as race to be reported as 97 in Race and 06 in Ethnicit	--	Race	
02	American Indian/Alaskan Native (States using Alaskan Native in 01 use for other	AA		American Indian
02	American Indian/Alaskan Native (States using Alaskan Native in 01 use for other	AP		AA Plus Other Race(s)
04	Black or African American	BL		Black/Africian American
04	Black or African American	BP		Bl Plus Other Race(s)
05	White	CA		White/Caucasian
05	White	CP		CA Plus Other Race(s)
23	Native Hawaiians or Other Pacific Islanders	HA		Native Hawaiiin/Other Pacific Islander
23	Native Hawaiians or Other Pacific Islanders	HP		HA Plus Other Race(s)
21	Two or More Races	MU		Multi-racial, unspecified
20	Other Single Race	O		Other
13	Asian	PA		Asian or Pacific Islander
13	Asian	PP		PA Plus Other Race(s)
97	Unknown	U		Unknown

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Delaware

Item NoTreatment Episode Data Set		Item	Value	State System Data
11	Hispanic or Latino Origin (Ethnicity)	--	Ethnicity	
03	Cuban	C	Cuban	
02	Mexican	M	Mexican	
05	Not of Hispanic or Latino Origin	N	Not of Hispanic Origin	
04	Other Specific Hispanic	O	Other Hispanic	
01	Puerto Rican	P	Puerto Rican	
97	Unknown	U	Unknown	
12	Education	--	Highest Grade Completed / Education	
01-25	Years of School(Highest Grade) (General Equivalency Degree, use 12)	01-19	Years of school	
00	Less Than One Grade Completed	96	Never completed any grade	
97	Unknown	97	Unknwon	

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Delaware

Item No	Treatment Episode Data Set	Item	Value	State System Data
13	Employment Status	--	Primary Employment	
04	Not in Labor Force - not looking for work in past 30 days - stdent, retired etc.	D	Disabled/Unable to Work	
01	Full Time - works 35 or more hours a week- includes military	F	Full Time (37.5 hours a week or more)	
04	Not in Labor Force - not looking for work in past 30 days - stdent, retired etc.	H	Homemaker	
04	Not in Labor Force - not looking for work in past 30 days - stdent, retired etc.	I	Inmate or Resident of an Institution	
03	Unemployed - looking for work in past 30 days or on layoff from job	L	Unemployed - Looking for Work	
01	Full Time - works 35 or more hours a week- includes military	M	Military Armed Forces, Active Duty (Active Reserves, Reserves)	
04	Not in Labor Force - not looking for work in past 30 days - stdent, retired etc.	N	Unemployed - Not Looking	
97	Unknown	O	Other	
02	Part Time - works less tahn 35 hours per week	P	Part Time (less than 37.5 hours per week)	
04	Not in Labor Force - not looking for work in past 30 days - stdent, retired etc.	R	Retired	
04	Not in Labor Force - not looking for work in past 30 days - stdent, retired etc.	S	Student (if student does not work)	
97	Unknown	U	Unknown	
04	Not in Labor Force - not looking for work in past 30 days - stdent, retired etc.	V	Volunteer	

Delaware's Treatment Episode Data Set
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Item No	Treatment Episode Data Set	Item	Value	State System Data
14	Substance Problem Codes (Primary-14A,Secondary-14B,Tertiart-14C)	--	Substance Type, Primary, Secondary, Tertiary	
02	Alcohol	AL	Alcohol	
11	Other Amphetamines	AM	Other Amphetamines	
15	Barbiturates	BA	Barbiturates	
13	Benzodiazepines	BE	Benzodiazepines	
03	Cocaine, Crack	CO	Cocaine	
03	Cocaine, Crack	CR	Crack	
18	Over-the-Counter	CS	Cough Syrups and Mixtures	
09	Hallucinogens	HA	Other Hallucinogens	
05	Heroin	HE	Heroin	
17	Inhalants	IN	Inhalants	
09	Hallucinogens	LS	LSD	
04	Marijuana, Hashish (includesTHC and other Cannabis Sativa preperations)	MA	Marijuana/Hashish	
06	Non-Prescription Methadone	MD	Non-Prescription Methadone	
10	Methamphetamine	ME	Methamphetamine	
01	None	N	None	
20	Other	O	Other	
18	Over-the-Counter	OC	Over-the-Counter Drugs	

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Item No	Treatment Episode Data Set	Item	Value	State System Data
14	Substance Problem Codes (Primary-14A,Secondary-14B,Tertiart-14C)	--	Substance Type, Primary, Secondary, Tertiary	
07	Other Opiates and Synthetics	OP	Other Opiates and Synthetics	
12	Other Stimulants	OS	Other Stimulants	
08	PCP	PC	PCP	
16	Other Non-Barbituate Sedatives or Hypnotics	SE	Other Sedatives or Hypnotics	
20	Other	ST	Steroids	
14	Other Non-Benzodiazapine Tranquilizers	TR	Major Tranquilizers	
97	Unknown	U	Unknown	
15	Usual Route of Administration (Primary-15A, Secondary-15B, Tertiar-15C)	--	Route of Administration	
03	Inhalation	B	Breathe/Inhale/Snort	
04	Injection (IV or intramuscular, intradermal or subcutaneous)	I	Other Injection	
01	Oral	M	Mouth (Oral)	
97	Unknown	N	None	
20	Other	O	Other	
02	Smoking	S	Smoke	
97	Unknown	U	Unknown	
04	Injection (IV or intramuscular, intradermal or subcutaneous)	V	Intravenous	

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Delaware

Item No	Treatment Episode Data Set	Item	Value	State System Data
16	Frequency of Use (Primary-16A, Secondary-16B, Tertiary-16C)	--	Frequency of Use	
05	Daily	D	Daily	
04	3-6 times per week	F	Frequently (3-6 times per week)	
02	1-3 times in past month	I	Infrequent (1-3 times past month)	
05	Daily	M	More than Twice Daily	
01	No use in the past month	N	No Use in Past Month	
03	1-2 times per week	O	Often (1-2 times per week)	
97	Unknown	U	Unknown	
17	Age of First Use (Primary-17A, Secondary-17B, Tertiary-17C)	--	Age of First Use	
00	Newborn with a substance dependency problem	-1	Newborn/addicted at birth	
01-95	Age at First Use, in years	1-95	1-95	
97	Unknown	96	None	
97	Unknown	97	Unknown	
98	Not Collected	98	Not collected	

Crosswalk Report

Delaware's Treatment Episode Data Set
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Minimum

Delaware

Item No	Treatment Episode Data Set	Item	Value	State System Data
K 18	Type of Services	--	Type of Service	
02	Detoxification Free-standing Residential (Detox, 24 hour Service)	100022-01	Net-Kirkwood Detox	
06	Ambulatory - Intensive Outpatient	100055-03	Kent County Counseling	
07	Ambulatory - Non-Intensive Outpatient	100105-01	SODAT Counseling & Treatment	
07	Ambulatory - Non-Intensive Outpatient	100139-01	Brandywine Counseling, Inc	
06	Ambulatory - Intensive Outpatient	100139-03	Brandywine Counseling	
05	Rehabilitation/Residential - Long-term, (more than 30 days)	100295-01	NET-GLASSHOUSE	
05	Rehabilitation/Residential - Long-term, (more than 30 days)	100303-01	NET-SENTAC	
07	Ambulatory - Non-Intensive Outpatient	100337-01	Open Door, Inc	
06	Ambulatory - Intensive Outpatient	100410-01	NET-Continuing Care Unit	
07	Ambulatory - Non-Intensive Outpatient	100410-02	NET-Continuum for Recovery	
06	Ambulatory - Intensive Outpatient	100576-01	Psychotherapeutic Services Relapse	
05	Rehabilitation/Residential - Long-term, (more than 30 days)	100600-01	NET-Long Term Care	
06	Ambulatory - Intensive Outpatient	100618-01	NET-FOUNDATIONS (Men)	
06	Ambulatory - Intensive Outpatient	100618-02	NET-FOUNDATIONS (Women)	
06	Ambulatory - Intensive Outpatient	100618-03	NET-FOUNDATIONS (CTT Program)	
05	Rehabilitation/Residential - Long-term, (more than 30 days)	100634-01	Serenity Place	
05	Rehabilitation/Residential - Long-term, (more than 30 days)	100725-01	NET-Reflection House	
07	Ambulatory - Non-Intensive Outpatient	301083-01	People's Place Counseling Center	

Delaware's Treatment Episode Data Set
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Minimum

Delaware

Item No Treatment Episode Data Set

Item

Value

State System Data

K 18 Type of Services

--

Type of Service

02	Detoxification Free-standing Residential (Detox, 24 hour Service)	750024-01	Kent/Sussex Detox
05	Rehabilitation/Residential - Long-term, (more than 30 days)	900538-01	Corinthian House
04	Rehabilitation/Residential - Short-term, (30 days or fewer)	900553-01	NET-RCD 28 day residential
06	Ambulatory - Intensive Outpatient	900611-03	Turnabout Counseling Center

No longer effective as of: 12-31-2003

K 18 Type of Services

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Type of Service

Delaware collects by individual provider - has been coded by category to match TEDS

01	Detoxification - Hospital Inpatient (Detox, 24 hour Service)	*1	All Facilities offering - Detox, 24 hour serv, Hospital Inpatient
02	Detoxification Free-standing Residential (Detox, 24 hour Service)	*2	All Facilities offering - Detox, 24 hour serv, Free Standing Residential
03	Rehabilitation/Residential - Hospital (other than detox)	*3	All Facilities offering - Rehabilitation/Residential Hospital (other than detox)
04	Rehabilitation/Residential - Short-term, (30 days or fewer)	*4	All Facilities offering - Rehabilitation/Residential - short term 30 days or less
05	Rehabilitation/Residential - Long-term, (more than 30 days)	*5	All Facilities offering - Rehabilitation/Residential - long term 30 days or more
06	Ambulatory - Intensive Outpatient	*6	All Facilities offering - Ambulatory Intensive Outpatient
07	Ambulatory - Non-Intensive Outpatient	*7	All Facilities offering - Ambulatory Non-Intensive Outpatient
08	Ambulatory Detoxification	*8	All Facilities offering - Ambulatory Detoxification

19 Medication-Assisted Opioid Therapy

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Type of Service

No longer effective as of: 12-31-2010

Delaware's Treatment Episode Data Set
Version : 1

K = Key Field

Minimum

Delaware

Item No Treatment Episode Data Set		Item	Value	State System Data
19	Medication-Assisted Opioid Therapy	--	Opiod replacement therapy	
2	No	N	No	
7	Unknown	Null	Unknown	
1	Yes	Y	Yes	
8	Not Collected	Z	Not collected	

Delaware's Treatment Episode Data Set
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Supplemental

Delaware

Item No	Treatment Episode Data Set	Item	Value	State System Data
1	Detail Drug Code, Primary	~		Detail drug code
2	Detail Drug Code, Secondary	~		Detail drug code
3	Detail Drug Code, Tertiary	~		Detail drug code
4	Diagnostic Code (DSM or ICD) field should be coded 999.98 - field 19 replaces i	~		Axis I diagnosis
	XXX.XX DSM/ICD codes	-		Axis I diagnosis > DE uses DSM IV-TR
	999.97 Unknown	999.97		Unknown
	999.98 Not Collected	999.98		Not Collected
	999.98 Not Collected	V71.09		None
5	Psychiatric Problem in Addition to Alcohol or Drug Problem	~		Alert Information (Psych problem in addition to alcohol or drug)
	2 No	2		No Psychiatric Disability Reported
	1 Yes	C		Clinician Reported Psychiatric Disability
	2 No	N		Self Reported Psychiatric Disability - TO BE ADDED
	1 Yes	S		Self Reported Psychiatric Disability
	7 Unknown	U		Unknown
	1 Yes	Y		Clinician Reported Psychiatric Disability - TO BE ADDED

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Delaware's Treatment Episode Data Set
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Supplemental

Delaware

Item No	Treatment Episode Data Set	Item	Value	State System Data
6	Pregnant at Admission	~	Currently Pregnant (at Admission)	
6	Not Applicable - use this code for male clients or children in prepuberty age	96	Males (not applicable) - TO BE ADDED	
2	No - female client was not pregnant at admission	N	No	
7	Unknown	U	Unknown	
1	Yes - female client was pregnant at admission	Y	Yes	
7	Veteran Status	~	Veteran Status	
1	Yes	AD	Yes (Active duty) - TO BE ADDED	
2	No	FM	No (Immediate family member of military or veteran) - TBA	
2	No	N	No	
2	No	NA	No (None of the above)	
7	Unknown	U	Unknown	
1	Yes	VP	Yes (Veteran/previous military service)	
1	Yes	Y	Yes	

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SupplementalDelaware

Item No	Treatment Episode Data Set	Item	Value	State System Data
8	Living Arrangements	~		Living Arrangement / Residential Arrangement
02	Dependent Living - clients living in a supervised setting	BH		Boarding House/SRO
02	Dependent Living - clients living in a supervised setting	CJ		Corrections Facility/Jail
02	Dependent Living - clients living in a supervised setting	FC		Adult Foster Care
02	Dependent Living - clients living in a supervised setting	GS		Group Setting/Community Residence - Supervised
03	Independent Living - clients living alone or with others but no supervision	GU		Group Setting/Community Residence - Unsupervised
02	Dependent Living - clients living in a supervised setting	I		Other Institution
01	Homeless - clients with no fixed address; includes homeless shelter	N		None - On the Street/In a Shelter/Homeless
02	Dependent Living - clients living in a supervised setting	NH		Nursing Home/CF or SNF Facilities
97	Unknown	O		Other
02	Dependent Living - clients living in a supervised setting	PS		Private House or Residence - Supervised
03	Independent Living - clients living alone or with others but no supervision	PU		Private House or Residence - Unsupervised
97	Unknown	U		Unknown

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Supplemental

Delaware

Item No	Treatment Episode Data Set	Item	Value	State System Data
9	Source of Income/Support	~	Primary Source of Household Income	
02	Public Assistance	A	AFDC	
04	Disability	D	Private Disability Insurance	
01	Wages/Salary	E	Employment	
20	Other	F	Family/Friends	
02	Public Assistance	G	General Assistance	
20	Other	I	Investments/Savings	
20	Other	IL	Illegal	
21	None	N	None	
20	Other	O	Other	
03	Retirement/Pension	P	Pension/Retirement Income (IRA,KEOGH,SEP,ESOP)	
20	Other	S	Spouse	
04	Disability	SD	SSDI	
02	Public Assistance	SI	SSI	
03	Retirement/Pension	SS	Social Security	
97	Unknown	U	Unknown	
20	Other	UI	Unemployment Insurance	
04	Disability	VD	VA - Disability	
03	Retirement/Pension	VR	VA - Retirement	

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Supplemental

Delaware

Item No	Treatment Episode Data Set	Item	Value	State System Data
9	Source of Income/Support	~		Primary Source of Household Income
04	Disability	W		Workman's Comp.

10	Health Insurance	~		Health Insurance (Primary Carrier)
04	Medicaid	A		Medicaid
02	Blue Cross/Blue Shield	B		Blue Cross/Blue Shield
20	Other (e.g. TriCare)	C		Champus
20	Other (e.g. TriCare)	G		Other Government Funds for Care
06	Health Maintenance Organization (HMO)	H		HMO (service contract)
03	Medicare	M		Medicare
21	None	N		None
20	Other (e.g. TriCare)	O		Other
01	Private Insurance (other than BCBS or HMO)	P		Other Private Commercial Health Insurance
97	Unknown	U		Unknown
20	Other (e.g. TriCare)	V		VA
No longer effective as of: 06-01-2001				

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Delaware

Item	No Treatment Episode Data Set	Item	Value	State System Data
10	Health Insurance	~	Health Insurance (Primary Carrier)	
04	Medicaid	A	Medicaid	
02	Blue Cross/Blue Shield	B	Blue Cross/Blue Shield	
20	Other (e.g. TriCare)	C	Champus	
04	Medicaid	E	Delaware Managed Medicaid MCO	
20	Other (e.g. TriCare)	G	Other Government Funds for Care	
06	Health Maintenance Organization (HMO)	H	HMO (service contract)	
03	Medicare	M	Medicare	
21	None	N	None	
20	Other (e.g. TriCare)	O	Other	
01	Private Insurance (other than BCBS or HMO)	P	Other Private Commercial Health Insurance	
97	Unknown	U	Unknown	
20	Other (e.g. TriCare)	V	VA	

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Item No	Treatment Episode Data Set	Item	Value	State System Data
11	Expected/Actual Primary Source of Payment	~		Expected Source of Payment
04	Medicaid	A		Medicaid
02	Blue Cross/Blue Shield	B		Blue Cross/Blue Shield
05	Other Government Payments	C		TriCare
05	Other Government Payments	D		DADAMH
05	Other Government Payments	G		Other Government Sources
07	Other Health Insurance Companies	H		HMO
01	Self-Pay	I		Individual Resources (Patient's or Patient's Family)
03	Medicare	M		Medicare
08	No Charge (Free, Charity, Special Research or Teaching)	N		None, Provider Absorbs Total Cost (Charity, Research, Teaching)
09	Other	O		Other
07	Other Health Insurance Companies	P		Other Private Commercial Health Insurance
05	Other Government Payments	S		SENTAC
97	Unknown	U		Unknown
05	Other Government Payments	V		Veterans Administration
06	Worker's Compensation	W		Worker's Compensation
98	Not Collected	Z		Not Collected
No longer effective as of: 06-30-2001				

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Item No	Treatment Episode Data Set	Item	Value	State System Data
11	Expected/Actual Primary Source of Payment	~		Expected Source of Payment
04	Medicaid	A		Medicaid
02	Blue Cross/Blue Shield	B		Blue Cross/Blue Shield
05	Other Government Payments	C		TriCare
05	Other Government Payments	D		DSAMH
04	Medicaid	E		Delaware Managed Medicaid MCO
05	Other Government Payments	G		Other Government Sources
07	Other Health Insurance Companies	H		HMO
01	Self-Pay	I		Individual Resources (Patient's or Patient's Family)
03	Medicare	M		Medicare
08	No Charge (Free, Charity, Special Research or Teaching)	N		None, Provider Absorbs Total Cost (Charity, Research, Teaching)
09	Other	O		Other
07	Other Health Insurance Companies	P		Other Private Commercial Health Insurance
05	Other Government Payments	S		SENTAC
97	Unknown	U		Unknown
05	Other Government Payments	V		Veterans Administration
06	Worker's Compensation	W		Worker's Compensation

Crosswalk Report

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Delaware's Treatment Episode Data Set
Version : 1

K = Key Field

Supplemental

Delaware

Item No	Treatment Episode Data Set	Item	Value	State System Data
12	Detailed Not in Labor Force	~		Primary employment
04	Disabled	D		Disabled/Unable to work
01	Homemaker	H		Homemaker
05	Inmate of Institution (Prison or Institution - keeps people out of work force)	I		Inmate or resident of an institution
06	Other	N		Unemployed - Not looking
06	Other	O		Other
03	Retired	R		Retired
02	Student	S		Student
97	Unknown	U		Unknown
06	Other	V		Volunteer

Delaware's Treatment Episode Data Set
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K = Key Field

Supplemental

Delaware

Item No	Treatment Episode Data Set	Item	Value	State System Data
13	Detailed Criminal Justice Referral Categories	~	Detail Criminal Justice Record	
04	Other Recognized Legal Entity (Local Law, Corr. Agency, Youth Ser., Review Board	BA000	Court-Legal (includes all except specific ones broken out)	
01	State/Federal Court	BA002	State Court	
01	State/Federal Court	BA003	Federal Court	
03	Probation/Parole	BA007	Probation	
03	Probation/Parole	BA008	Parole	
05	Diversiónary Program (E.G. TASC)	BA013	Diversiónary Program (TASC)	
07	DUI/DWI	BA018	DUI/DWI	
No longer effective as of: 06-30-2001				

13	Detailed Criminal Justice Referral Categories	~	Detail Criminal Justice Record	
04	Other Recognized Legal Entity (Local Law, Corr. Agency, Youth Ser., Review Board	BA000	Court-Legal (includes all except specific ones broken out)	
01	State/Federal Court	BA002	State Court	
01	State/Federal Court	BA003	Federal Court	
03	Probation/Parole	BA007	Probation	
03	Probation/Parole	BA008	Parole	
05	Diversiónary Program (E.G. TASC)	BA013	Diversiónary Program (TASC)	
07	DUI/DWI	BA018	DUI/DWI	
97	Unknown	U	Unknown	

Delaware's Treatment Episode Data Set
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Supplemental

Delaware

Item No	Treatment Episode Data Set	Item	Value	State System Data
14	Marital Status	~		Marital
04	Divorced	D		Divorced
02	Now Married (includes those living together as married)	M		Married
01	Never Married - includes clients who are single or whose	S		Single - Never Married
97	Unknown	U		Unknown
05	Widowed	W		Widowed
03	Separated (legally seperated or otherwise absent becasue of marital discord))	X		Separated
15	Days Waiting to Enter Treatment	~		Days waiting to enter treatment
16	Number of Arrests in the 30 Days Prior to Admission	~		Number of arrests in 30 days prior to admission
00-96	Number of Arrests	00-96		Number of arrests
97	Unknown	97		Unknown
17	Frequency of Attendance at Self-Help Programs in 30 days prior to Admission	~		Freq attendance at self-help prog
98	Not Collected	-		Not collected

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Delaware's Treatment Episode Data Set
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K = Key Field

Discharge/NOMS

Delaware

Item No	Treatment Episode Data Set	Item	Value	State System Data
1	System Transaction at Discharge	~~		System Transaction at Discharge
	A Add		A	Add - at this point DE only submits A (Add) records
2	State Code at Discharge	~~		State code at discharge
3	Reporting Date at Discharge	~~		Reporting date at discharge
4	State Provider Identifier at Discharge	~~		Provider identifier at discharge
5	Client Identifier at Discharge	~~		Client identifier at discharge
6	Co-Dependent/Collateral at Discharge	~~		Co-Dependent/Collateral at Discharge
	2 No		2	No- DE plugs field with "2" as all clients are primary, not collaterals

Delaware's Treatment Episode Data Set
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K = Key Field

Discharge/NOMS

Delaware

Item No	Treatment Episode Data Set	Item	Value	State System Data
7	Type of Treatment Service/Treatment Setting at Discharge	~~		Type of service
01	Detoxification, 24-Hour Service, Hospital Inpatient	*1		facilities offering - Detox 24 hr services, hospital inpatient
02	Detoxification, 24-Hour Service, Free Standing Residential	*2		facilities offering - Detox 24 hr services, free standing residential
03	Rehabilitation/Residential - Hospital (other than detoxification)	*3		facilities offering - Rehab/Residential hospital (other than Detox)
04	Rehabilitation/Residential - Short Term (30 Days or Fewer)	*4		facilities offering - Rehab/Residential - short term 30 days or less
05	Rehabilitation/Residential - Long Term (More than 30 Days)	*5		facilities offering - Rehab/Residential - long term 30 days or more
06	Ambulatory - Intensive -Outpatient	*6		facilities offering - Ambulatory Intensive outpatient
07	Ambulatory -Non Intensive -Outpatient	*7		facilities offering - Ambulatory Non-Intensive outpatient
08	Ambulatory Detoxification	*8		facilities offering - Ambulatory Detoxification
8	Date of Last Contact or Data Update	~~		Date of last contact
9	Date of Discharge	~~		Date of discharge

Delaware's Treatment Episode Data Set
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K = Key Field

Discharge/NOMS

Delaware

Item No	Treatment Episode Data Set	Item	Value	State System Data
10	Reason for Discharge, Transfer, or Discontinuance of Treatment	~~	Reason for Discharge	
07	Other - includes aging out of MH childrens system, extended placement (condition	A	Administrative discontinuation / Lost contact	
05	Incarerated or released by or to courts	C	Correction / Jail	
06	Death	D	Consumer died	
07	Other - includes aging out of MH childrens system, extended placement (condition	E	Eligibility lapsed	
03	Ternimated by Facility	F	Failed to meet criteria	
01	Treatment Completed	G	Program completed here - all goals	
07	Other - includes aging out of MH childrens system, extended placement (condition	O	Other	
02	Dropped out of treatment (lost contact, Left Against Professional Advice	R	Refused service (SA)	
01	Treatment Completed	S	Program completed here - some goals	
04	Transferred to Another Treatment Program or Facility	T	Treatment continued in other program	
08	Unknown - This code will still be accepted by states shouds use 97 Unknown	U	Unknown	
11	Provider Identifier at Admission	--	Provider ID #	
12	Client Identifier at Admission	--	Client Identifier (admission)	
13	Co-Depentent/Collateral at Admission	--	Co-Dependent/Collateral	
2	Client	2	No - DE plugs field with "2", all clients are primary not collaterals	

Delaware's Treatment Episode Data Set
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Discharge/NOMS

Delaware

Item No	Treatment Episode Data Set	Item	Value	State System Data
14	Client Transaction Type (pulled from admission dataset)	--	Source/Agency	Admission Referral Type
	A Initial Admission (SA)	R		Referred
	A Initial Admission (SA)	S		Self-referred
	T Transfer or change in service (SA)	T		Transferred (within system)
	A Initial Admission (SA)	U		Unknown (will remain for historical data)
15	Date of Admission (pulled from admission dataset)	--	Admission Date	
16	Type of Service at Admission (pulled from admission dataset)	--	Type of Service	
Delaware collects by individual provider - has been coded by category to match TEDS				
01	Detoxification, 24-hour service - Hospital Inpatient	*1		All Facilities offering - Detox, 24 hour serv, Hospital Inpatient
02	Detoxification , 24 hour service , Free-Standing Residential	*2		All Facilities offering - Detox, 24 hour serv, Free Standing Residential
03	Rehabilitation/Residential - Hospital (other than Detoxification)	*3		All Facilities offering - Rehabilitation/Residential Hospital (other than detox)
04	Rehabilitation/Residential - Short Term (30 days or fewer)	*4		All Facilities offering - Rehabilitation/Residential - short term 30 days or less
05	Rehabilitation/Residential - Long Term (more than 30 days)	*5		All Facilities offering - Rehabilitation/Residential - long term 30 days or more
06	Ambulatory - Intensive Outpatient	*6		All Facilities offering - Ambulatory Intensive Outpatient
07	Ambulatory - Non-Intensive Outpatient	*7		All Facilities offering - Ambulatory Non-Intensive Outpatient
08	Ambulatory Detoxification	*8		All Facilities offering - Ambulatory Detoxifiaction

Delaware's Treatment Episode Data Set
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Discharge/NOMS

Delaware

Item NoTreatment Episode Data Set		Item	Value	State System Data
17	Date of Birth (pulled from admission dataset)	--	Birth Date	
-	MMDDYYYY		mmddyyyy	Date of birth
18	Gender (pulled from admission dataset)	--	Gender	
2	Female	F		Female
1	Male	M		Male
7	Unknown	U		Unknown

Delaware's Treatment Episode Data Set
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Discharge/NOMS

Delaware

Item No	Treatment Episode Data Set	Item	Value	State System Data
19	Race (pulled from admission dataset)	--	Race	
02	American Indian	AA	American Indian	
02	American Indian	AP	AA Plus Other Race(s)	
04	Black or African American	BL	Black/Africian American	
04	Black or African American	BP	Bl Plus Other Race(s)	
05	White	CA	White/Caucasian	
05	White	CP	CA Plus Other Race(s)	
23	Native Hawaiian or other Pacific Islander	HA	Native Hawaiiin/Other Pacific Islander	
23	Native Hawaiian or other Pacific Islander	HP	HA Plus Other Race(s)	
21	Two or more races	MU	Multi-racial, unspecified	
20	Other single race	O	Other	
13	Asian	PA	Asian or Pacific Islander	
13	Asian	PP	PA Plus Other Race(s)	
97	Unknown	U	Unknown	

Delaware's Treatment Episode Data Set
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Discharge/NOMS

Delaware

Item No	Treatment Episode Data Set	Item	Value	State System Data
20	Ethnicity (pulled from admission dataset)	--	Ethnicity	
03	Cuban	C	Cuban	
02	Mexican	M	Mexican	
05	Not of Specific Hispanic or Latino Origin	N	Not of Hispanic Origin	
04	Other Specific Hispanic or Latino	O	Other Hispanic	
01	Puerto Rican	P	Puerto Rican	
97	Unknown	U	Unknown	

Delaware's Treatment Episode Data Set
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Discharge/NOMS

Delaware

Item No	Treatment Episode Data Set	Item	Value	State System Data
21	Substance Problem At Discharge, (Primary, Secondary, Tertiary)	~~		Substance Problem at Discharge
02	Alcohol	AL		Alcohol
11	Other Amphetamines	AM		Other Amphetamines
15	Barbiturates	BA		Barbiturates
13	Benzodiazepines	BE		Benzodiazepines
03	Cocaine/Crack	CO		Cocaine
03	Cocaine/Crack	CR		Crack
18	Over-The-Counter medicines	CS		Cough Syrups and Mixtures
09	Hallucinogens	HA		Other Hallucinogens
05	Heroin	HE		Heroin
17	Inhalants	IN		Inhalants
09	Hallucinogens	LS		LSD
04	Marijuana/Hashish	MA		Marijuana/Hashish
06	Non-Prescription Methadone	MD		Non-Prescription Methadone
10	Methamphetamine/SPeed	ME		Methamphetamines
01	None	N		None
20	Other	O		Other
18	Over-The-Counter medicines	OC		Over-the-counter drugs
07	Other Opiates and Synthetics	OP		Other Opiates and Synthetics

Delaware's Treatment Episode Data Set
Version : 1

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Discharge/NOMS

Delaware

Item No	Treatment Episode Data Set	Item	Value	State System Data
21	Substance Problem At Discharge, (Primary, Secondary, Tertiary)	~~		Substance Problem at Discharge
12	Other Stimulants	OS		Other Stimulants
08	PCP- phencyclidine	PC		PCP
16	Other Sedatives or Hypontics	SE		Other Sedatives or Hypnotics
20	Other	ST		Steroids
14	Other Tranquilizer	TR		Major Tranquilizers
97	Unknown	U		Unknown
22	Frequency of Use at Discharge (Primary, Secondary, Tertiary)	~~		Frequency of Use at Discharge
05	Daily	D		Daily
04	3-6 Times in the Past Week	F		Frequently (3-6 times per week)
02	1-3 Times in the Past Month	I		Infrequent (1-3 times past month)
05	Daily	M		More than twice daily
01	No Use in the Past Month	N		No use in past month
03	1-2 Times in the Past Week	O		Often (1-2 times per week)
97	Unknown	U		Unknown
98	Not Collected	Z		Not collected or null value

Delaware's Treatment Episode Data Set
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Discharge/NOMSDelaware

Item No	Treatment Episode Data Set	Item	Value	State System Data
23	Living Arrangements at Discharge	~~		Living arrangement, Residential Arrangement
02	Dependent Living - clients living in a supervised setting	BH		Boarding House/SRO
02	Dependent Living - clients living in a supervised setting	CJ		Corrections Facility/Jail
02	Dependent Living - clients living in a supervised setting	FC		Adult Foster Care
02	Dependent Living - clients living in a supervised setting	GS		Group Setting/Community Residence - Supervised
03	Independent Living - clients living alone or with others but no supervision	GU		Group Setting/Community Residence - Unsupervised
02	Dependent Living - clients living in a supervised setting	I		Other Institution
01	Homeless - clients with no fixed address; includes homeless shelter	N		None - On the street / In a shelter / Homeless
02	Dependent Living - clients living in a supervised setting	NH		Nursing Home/CF or SNF Facilities
97	Unknown	O		Other
02	Dependent Living - clients living in a supervised setting	PS		Private House or Residence - Supervised
03	Independent Living - clients living alone or with others but no supervision	PU		Private House or Residence - Unsupervised
97	Unknown	U		Unknown

Delaware's Treatment Episode Data Set
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Discharge/NOMS

Delaware

Item NoTreatment Episode Data Set		Item	Value	State System Data
24	Employment at Discharge	~~	Primary Employment at discharge	
04	Not in Labor Force - not looking for work in past 30 days - stdent, retired etc.	D	Disabled / Unable to work	
01	Full Time - works 35 or more hours a week- includes military	F	Full time (37.5 hours a week or more)	
04	Not in Labor Force - not looking for work in past 30 days - stdent, retired etc.	H	Homemaker	
04	Not in Labor Force - not looking for work in past 30 days - stdent, retired etc.	I	Inmate or Resident of an Institution	
03	Unemployed - looking for work in past 30 days or on layoff from job	L	Unemployed - Looking for work	
01	Full Time - works 35 or more hours a week- includes military	M	Military Armed Forces, Active Duty (Active Reserves, Reserves)	
04	Not in Labor Force - not looking for work in past 30 days - stdent, retired etc.	N	Unemployed - Not looking	
97	Unknown	O	Other	
02	Part Time - works less tahn 35 hours per week	P	Part time (less than 37.5 hours per week)	
04	Not in Labor Force - not looking for work in past 30 days - stdent, retired etc.	R	Retired	
04	Not in Labor Force - not looking for work in past 30 days - stdent, retired etc.	S	Student (if student does not work)	
97	Unknown	U	Unknown	
04	Not in Labor Force - not looking for work in past 30 days - stdent, retired etc.	V	Volunteer	

Crosswalk Management System

REPORT CROSSWALK TO STATE

End of Report